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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/629,177 07/29/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 12	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>Met after Allowance</i>	Examiner's Signature <i>UL</i> Initials <i>UL</i>			

**ADDRESS**

23347

**TITLE**

Novel formulations and method of treatment

FILING FEE RECEIVED 1590	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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